

MULTIPLE DEPEN CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FG XTO-875)

SERIAL NO.  
**10/573600**  
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2							52						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			4										
TOTAL DEP.			15										
TOTAL CLAIMS			19										